## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10695524

| CLAIMS AS FILED - PART I  |  |   |                                     |   |                           |                  |       | SMALL ENTITY        |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|-------------------------------------|---|---------------------------|------------------|-------|---------------------|------------------------|---------|----------------------------|------------------------|--|
|   |  |   | (Column                             | 1)                                      | (Column 2)                |                  |       | TYPE                |                        | OR      | SMALL                      |                        |  |
| TOTAL CLAIMS  |  |   | 35                                  |   |                           |                  | -     | RATE                | FEE                    |         | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER                              | FILED                                   | NUMBER EXTRA              |                  |       | BASIC FEE           | 385.00                 | OR      | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 35 min                              | us 20=                                  | * /                       | 5                |       | X\$ 9=              | 135                    | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = * (                     |   |                           |                  |       | X43=                | 43                     | OR      | X86=                       |                        |  |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PF                            | RESENT                              |   |                           |                  |       | +145=               |                        | OR      | +290=                      |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column |   |                           | column 2         |       | TOTAL               | 563                    | OR      | TOTAL                      |                        |  |
|   | С  | LAIMS AS A<br>(Column 1)                  | MENDED                              | MENDED - PART II  (Column 2) (Column 3) |                           |                  |       | SMALL ENTITY        |                        |         | OTHER<br>SMALL I           |                        |  |
|   |  | CLAIMS                                    |                                     | HIGHEST                                 |                           | 1                |       | <del></del>         | ADDI-                  | 1 1     |                            | ADDI-                  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUME<br>PREVIO<br>PAID F                | BER<br>JUSLY              | PRESENT<br>EXTRA | 1     | RATE                | TIONAL                 |         | RATE                       | TIONAL                 |  |
|   | Total  | *   | Minus                               | **                                      |                           | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus                               | ***                                     |                           | =                |       | X43=                | -                      | OR      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |   |                           |                  | Ì     | +145=               |                        | 00      | +290=                      |                        |  |
|   |  |   |                                     |   |                           |                  |       |                     |                        | OR      | TOTAL                      |                        |  |
|   |  |   |                                     |   |                           |                  |       | TOTAL<br>ADDIT. FEE |                        | OR      | ADDIT. FEE                 |                        |  |
|   |  | _   |                                     |   |                           |                  |       |                     |                        |         |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUME<br>PREVIO<br>PAID I        | BER<br>OUSLY              | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                               | **                                      |                           | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus                               | ***                                     |                           | =                |       | X43=                |                        | OR      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |   |                           |                  | <br>  | . 1.45              |                        |         | +290=                      |                        |  |
|   |  |   |                                     |   |                           |                  | L     | +145=               |                        | OR      |                            |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                     |   |                           |                  |       | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  |   |                                     |   |                           |                  |       |                     |                        |         |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHI<br>NUME<br>PREVIO<br>PAID I       | BER<br>OUSLY              | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                               | **                                      |                           | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus                               | ***                                     |                           | -                |       | X43=                |                        | OR      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |   |                           |                  | \<br> | +145=               |                        | OR      | +290=                      |                        |  |
| * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.  |  |   |                                     |   |                           |                  |       | TOTAL               |                        |         | TOTAL                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                     |   |                           |                  |       | ADDIT. FEE          |                        | OR      | ADDIT. FEE                 |                        |  |
| ***   | it the "Highest Nu<br>The "Highest Num         | mber Previously Painber Previously Pai    | aid For" (N i'Hi<br>d For" (Total o | S SPACE II                              | s less tha<br>ent) is the | e highest numbe  | r fou | nd in the app       | oropriate box          | k in co | lumn 1.                    |                        |  |